

three remaining cases, the time of observation has been too short for drawing conclusions. No return of the disease has, however, appeared in them.

From this it will be seen that 20% of those cases with malignant growths and in which the operation was completed, made a recovery. The author, therefore, agrees with Cohn, that every proliferating ovary tumor should be removed as soon as possible. Two of these 4 cases were afflicted with very large papillary cystoma. No puncture had been made and the contents had not escaped. Examination of the serosa, especially in the cavity of the pelvis, during the operation, did not reveal any infection of these parts. The third case was one of bilateral papillary cystoma. During the two years previously, patient had been punctured four times, there escaping always some sticky, yellowish fluid. The cyst was adherent to the abdominal wall in several places and to the intestines, giving rise to much hemorrhage when tearing it off. The fact is considered noteworthy, that around the cicatrices where puncture had been made, the most luxurious papillomatous excrescences were found. The removal of the many small excrescences required great care and labor. The patient has survived for three years and shows no signs of any return of the trouble. The fourth case, that of a young woman, æt. 18, was a poor one, as the patient was greatly reduced in strength. The tumor was hard, with uneven surface and having a pedicle 20 cm. in length. Microscopic examination showed it to be a round-cell sarcoma. No spreading of the disease to other parts was detected. Three and a half years have elapsed since the operation and the patient enjoys the best of health, showing no signs of relapse.

Author thinks that further observation on this subject, the comparison namely of benignant and malignant growths in regard to their operative removal, will eventually lead to generally establishing the rule of removing even very small neoplasms of the ovaries as soon as they show steady increase of size, and especially when they are bilateral.—*Deutsch. Med. Wochenschrift*, No. 4, Jan. 4, 1887.

C. J. COLLES, (New York).

## II. A Case of Ovariectomy Followed by Secondary

**Intraperitoneal Hemorrhage; Reopening of the Abdomen; Recovery.** By HENRY W. FREEMAN, F. R. C. S. T. The bleeding came from a rent in the pampiniform plexus of the broad ligament, between the uterus and the stump of the clamped pedicle. The rent was probably due to traction on the tumour in lifting it out of the pelvis before the pedicle was clamped. No bleeding occurred when the pedicle was drawn upwards owing to mechanical closure of the rent by the traction thereby exercised on the broad ligament.

The author directs special attention to the fact that he was enabled to establish his diagnosis of secondary hæmorrhage (and thus save the patient's life) by means of the glass drainage tube which he had fixed between Douglas' pouch and the lower angle of the abdominal incision.—*Lancet*, Vol. i, June 4, 1887.

**III. Total Extirpation of the Uterus by the Vagina for Carcinoma; Recovery.** By Dr. E. C. STIRLING, of Adelaide Hospital. Having divided the inferior attachments of the uterus the operator forcibly anteverted it and drew it out of the vagina by the help of an assistant's fingers behind and a Barnes's polypus hook in front.

There was troublesome hemorrhage from the stump of one broad ligament, its ligature having slipped, and the need of strong and large artery forceps was felt.

A T-shaped rubber drainage tube and frequent antiseptic irrigations were used.

It appears that the whole of the disease was removed, but the question of recurrence must remain as the operation was performed only in September last.—*Brit. Med. Jour.*, May 21, 1887.

A. F. STREET (Westgate).

**IV. On the Control of Hemorrhage by Forceps in Vaginal Extirpation of the Uterus.** By Prof. P. MUELLER. The best method for vaginal removal of the whole uterus is still an open question. Two difficulties are met with: one the long duration of the operation, the other the uncertainty in controlling hemorrhage. These become very important, whereas frequently the patients are greatly weakened before the operation. On the basis of five cases, M. here